BEST AVAILABLE DE.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application or Docket Number 10/00/64/94													nber —
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAI		NTITY	OR	OTHER	THAN ENTITY
TOTAL CLAIMS			20					RA	TE	FEE	7	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA			BASI	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			CO mir	nus 20=	*			X\$	9=		OR	X\$18=	
INC	DEPENDENT C	LAIMS) mi	nus 3 =	•			X4:	2=	:	OR	X84=	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					0=	 	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column :						olumn 2		TO1			OR	TOTAL	₹ <i>0</i> ,-
	CLAIMS AS AMENDED - PART II										,	OTHER	
_		(Column 1)	 	(Colui		(Column	3)	SMA	\LL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	ورية م	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESEA EXTRA		RA	ΓΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 16	Minus	** 6	20	: -		X\$	9=		OR	X\$18=	
	Independent	* 2	Minus		3	=		X42	2=		OR	X84=	
		NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM			+14	0=		OR	+280=	
	22	1-09						TO	TAL	-	-	TOTAL	
		3)	ADDIT.	FEE			ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	EST BER DUSLY	PRESEN EXTRA	T	RAI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 19	Minus	** 0	20	= /	_	X\$ 9) =		OR	[,] X\$18=	
	Independent	NTATION OF ML	Minus	***	<u>) </u>	-/	_	X42	u		OR	X84=	
	PIRST PRESE	NIATION OF MC	THE DEP	ENDENI	CLAIM			+140)=		OR	+280=	
						•			TAL			TOTAL	
		(Column 1)		(Colur	nn 2)	(Column		ADDIT.	FEE I	<u> </u>	, 0.1	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING		HIGH	EST					ADDI-	Í		ADDI-
		AFTER AMENOMENT		PREVIO	DUSLY	PRESEN EXTRA	'	RAT	E	TIONAL FEE		RATE	TIONAL FEE
	Total	t	Minus	**		=		X\$ 9)=	,	OR	X\$18=	755
	Independent	*	Minus	***		≖.			-				
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X42	_		OR	X84=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
***	f the "Highest Nur If the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Paid	id For IN THIS aid For IN THIS	S SPACE is S SPACE is	less that s less tha	n 20, enter 1 n 3. enter 13	3.*	ADDIT.		propriate box		TOTAL ADDIT. FEE umn 1,	·